

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 28/04/2022 17:02 (SGT)
Date of Accident 27/04/2022 13:22 (SGT)
Exact Location of Accident Johor Causeway, Johor Causeway Bridge, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA8559T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHUA LONGMING, BYRON
NRIC No SXXXX564H
Email Address RON88.CHUA@GMAIL.COM
Mobile Phone No (Phone) +65-90186911
Alternative Phone No (Home) +65-90186911

VEHICLE PARTICULARS

Manufacturer Mercedes
Model C180
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1595

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5114614608-01
Cover Note Number -

DRIVER

Name of Driver CHUA LONGMING, BYRON
NRIC No SXXXX564H

Date Of Birth	12/06/1988
Occupation	Outdoor
Date Of Driving Pass	28/09/2011
Driving experience	10 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90186911
Alt. Phone Number	(Home) +65-90186911
Email Address	RON88.CHUA@GMAIL.COM
Address	BLK 210 TAMPINES STREET 23
Address complement	#04-97
Postcode	520210
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ONG TING TING
Gender	Female

PASSENGER 2

Name	LIM SEOW TIAN BELINDAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH7903P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHUA LONGMING, BYRON
Gender	Male
Phone No	(Phone) +65-90186911
Address	BLK 210 TAMPINES STREET 23
Address Complement	#04-97
Post Code	520210
Approximate Age Years Old	33
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SMA8559T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ONG TING TING
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SMA8559T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


INJURED 3


Name of injured person	LIM SEOW TIAN BELINDAN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SMA8559T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

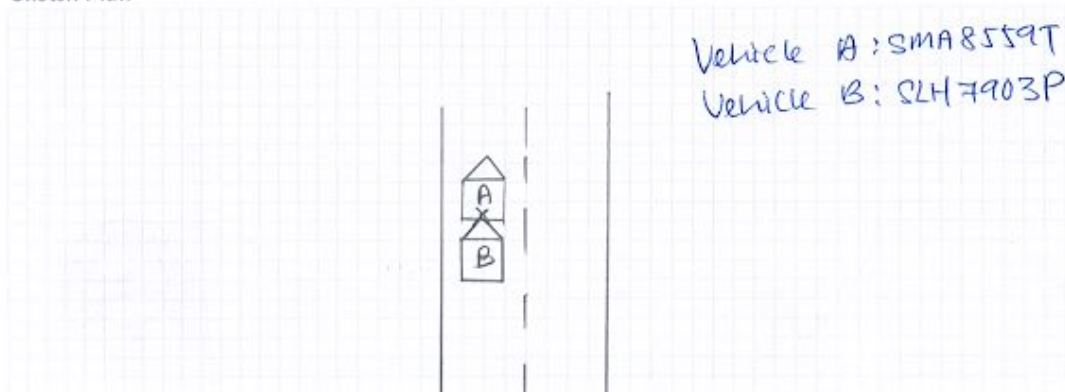

Policyholder's Signature / Date & Time


Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel



Sketch Plan



Describe Circumstances of the Accident

On the stated date & time, I was travelling along Woodlands checkpoint and JB Johor Causeway. Due to traffic jam my vehicle was stationary waiting for traffic to move, suddenly vehicle B collided to rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel























**SINGAPORE
POLICE FORCE**



L/20220428/7024

1 of 2

POLICE REPORT (NP299)

Report No. L/20220428/7024

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 28/04/2022 16:10	Vide Report No.	Station Diary No.
Name Of Informant CHUA LONGMING, BYRON	Address 210 TAMPINES STREET 23 #04-97 SINGAPORE 520210	
ID Type / ID No. NRIC NO / S8821564H	Contact No. Home/Office:	Mobile: 90186911
Nationality SINGAPORE CITIZEN	Email Address RON88.CHUA@GMAIL.COM	
Occupation Self employed	Sex Male	Age 33
Institution/School Name	Date of Birth 12/06/1988	Race Chinese
Date/Time Of Incident 27/04/2022 13:20 - 27/04/2022 13:25	Location Of Incident CAUSEWAY	

Brief details.

On the stated date & time ,i was travelling along woodland checkpoint and jb johor causeway . Due to traffic jam my vehicle was stationary waiting for traffic to move,suddenly vehicle B collided to the rear portion of my vehicle. There are 2 more passenger in my car

Passenger 1-ong ting ting (S8906521F)

Passenger 2-lim seow tian belindan (S8529081I)

After the accident we went to intermedical kovan and was given 3days mc each

Myself (chua longming byron) S8821564H was given 3days mc no.od-k0000325189

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/04/2022 16:10
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20220428/7024

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220428/7024

Passenage 1 (ong ting ting) S8906521F was given 3days mc no.od-kv0000325192

Passenage 2 (lim seow tian belindan) S8529081I was given 3days mc no.od-kv0000325199

Subjects Involved			
Victim			
Person Name	CHUA LONGMING, BYRON		
ID Type	NRIC NO	ID No	S8821564H
Gender	Male	Age	33
Race	Chinese	Language	English
Occupation	Self employed	Address	210 TAMPINES STREET 23 #04-97 SINGAPORE 520210
Mobile No	90186911	Is Informant A Victim?	Yes
Person Name	CHUA LONGMING, BYRON (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/04/2022 16:10
Officer In-Charge Of Case:	Classification Of Case:



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5114614608-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMA8559T**
 Chassis Number : WDD2050402R216810
2. Name of Policyholder : CHUA LONGMING, BYRON
3. Effective Date of Insurance : 28 Apr 2022
4. Expiry Date of Insurance : 27 Apr 2023
5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHUA LONGMING, BYRON
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ASSURE (SINGAPORE) PTE. LTD. (00000615327)
 Date of Issue : 27 Apr 2022 10:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive